PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Docket Number 10/643,681 | | | ing Date 18/2003 | To be Mailed | |
|---|---|---|--|---|--------------|-------------------------|-----------------------|--|------------------------|----|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | | SMALL ENTITY | | | HER THAN ALL ENTITY | |
| FOR | | | JMBER FIL | .ED | NUMBER EXTRA | | | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | | | N/A | | 1 | N/A | | |
| | SEARCH FEE (37 CFR 1.16(k), (i), | or (m)) | N/A | | N/A | | | N/A | |] | N/A | | |
| | EXAMINATION FE (37 CFR 1.16(o), (p), | | N/A | | N/A | | | N/A | | | N/A | | |
| | CFR 1.16(i)) | | 22 minus 20 = | | • 2 | | | X \$9 = | 18 | OR | x s = | | |
| | EPENDENT CLAIM CFR 1.16(h)) | S | 3 minus 3 = | | • 0 | | | X \$42 = | 0 | | x \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | If the specification and drawing sheets of paper, the application is \$250 (\$125 for small entity)! additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (| | | or each thereof. See | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16())) | | | | | | | | | | 1 | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | TOTAL | 18 |] | TOTAL | | |
| | APP | OED - PAR | | OTHER T SMALL ENTITY OR SMALL E | | | ER THAN ALL ENTITY | | | | | | |
| AMENDMENT | 10/09/2007 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.18(i)) | • 29 | Minus | ~ 46 | | = 0 | | X \$25 = | 0 | OR | x s = | | |
| | Independent (37 CFR 1.16(h)) | • 1 | Minus | ***3 | | = 0 | | X \$105 = | 0 | OR | x s = | | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| Ĺ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | | TOTAL ADD'L FEE | 0 | OR | TOTAL ADD'L FEE | | |
| | | (Column 1) | | (Column 2 | ?) | (Column 3) | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSI PAID FOR | LY. | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1,16(1)) | | Minus | ** | | = | | x \$ = | | OR | x s = | | |
| | Independent (37 CFR 1.16(h)) | • | Minus | *** | | | | x \$ = | | OR | x \$ = | | |
| 핍 | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | |] | | | |
| ΑM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| ** 11 | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Mumber Previously Paid For IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". Legal Instrument Examiner: //PHYLLIS CANITY/ | | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, process) an application. Combinating is governed by 30.53.5. 122 and 37 CM 1.1 mis collection is established to last Carlindes to complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.